

Certification Application Checklist

- ___ Section 1 - Provide your home address and Agency Interest Number (if available)
- ___ Section 2 - Classification requested - refer to pages 7-8 for clarification.
- ___ Section 3 - Indicate the test being requested.
- ___ Section 4 - List the drinking water and/or wastewater certificates you hold. (Complete on supplemental sheet, if needed)
- ___ Section 5 - List **every** facility you operate. (Complete on supplemental sheet, if needed)
- ___ Section 6 - Attach a copy of your high school diploma/GED or college transcript. Attach certificates of completion for all classes to be considered.
- ___ Section 7 - List each job title in which you gained drinking water and/or wastewater system experience. **Identify all job duties**, providing a detailed description of **drinking water and/or wastewater job duties**. If your duties are varied, provide the percentage of time devoted to drinking water and/or wastewater duties. (Complete on supplemental sheet, if needed)
- ___ Section 8 - Remember to sign and date your application or it will be returned.
- ___ Section 9 - If currently employed, have this section signed by your supervisor as a verification of your job duties.
- ___ Sign and date the application (pages 38 and 39). Note the statements on the application regarding submittal of accurate information. Use page 40 – Supplemental Sheet as needed.
- ___ Submit a separate application for each classification desired.
- ___ Complete the Registration Form (page 41), including a 1st and 2nd class location choice and whether you need the course manual referenced.
- ___ Include a check or money order, payable to the **"Kentucky State Treasurer"** for each application and/or exam date.
- ___ **Pre-registration required! Operator Certification must receive application and Registration Forms at least 30 days prior to the requested training/testing date.**

Note: Each applicant will receive a confirmation letter and study material prior to the scheduled training/testing date.

6) Education and training (check those you have completed and provide requested information):

☐ High School or below: Grade Completed _____ Name and location of school: _____

☐ Graduate Record Exam (GED), vocational school or other (Explain): _____

☐ College (Undergraduate Level): Name and location of college: _____

Major _____ Minor _____ Degree earned _____

If no degree: Semester-hours completed _____ Quarter-hours completed _____

☐ College (Graduate Level): Name and location of college: _____

Degree earned: _____ Graduate hours earned (if no degree) _____

Note: A copy of official education records (e.g., GED certificate, high school diploma, college transcript or diploma) verifying education to be used

or meeting certification eligibility requirements must accompany this application if not already on file with the Division of Compliance Assistance,

Operator Certification Program. If these records have previously been submitted and are on file, place a check in the following box:

☐

7) Applicable employment history (begin with most current position first). If you have held several positions with a drinking water or wastewater system,

list each separately. Provide detailed descriptions of specific drinking water and/or wastewater operational duties. **Generic job descriptions alone are not**

sufficient. If your duties are split between several areas of responsibility, indicate the amount of time spent working in each.

Submit supplemental sheets as needed.

A.	System &/or Facility Name: _____	Your Position Title: _____
	Address: _____	Dates in the Position: Start _____ End _____
	Contact Person: _____	Check box if still in the Position <input type="checkbox"/>
	Phone: _____ Email: _____	
Detailed description of past experience and current duties:		
Check box if continued on supplemental sheet <input type="checkbox"/>		

B.	System &/or Facility Name: _____	Your Position Title: _____
	Address: _____	Dates in the Position: _____ End _____
	Contact Person: _____	Check box if still in the Position <input type="checkbox"/>
	Phone: _____ Email: _____	

Detailed description of past experience and current duties:

Check box if continued on supplemental sheet ☐

8) Applicant's verification (Must be your original signature):

I certify that, to the best of my knowledge, the data contained herein is complete and correct. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.991 and/or KRS 224.99-010.

Applicant's Signature: _____

Date: _____

9) Employer's verification (To be completed by your direct supervisor and to contain his/her original signature):

I certify that, to the best of my knowledge, the data contained herein reflects the applicant's experience, job duties and employment history. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.991 and/or KRS 224.99-010.

Supervisor's Name (Printed): _____

Facility or System Name: _____

Supervisor's Signature: _____

Title: _____

Date: _____

Phone #: _____

Email Address: _____

Supplemental Sheet

Drinking Water or Wastewater Operator Certification Application

Continued from #4) List additional current drinking water and wastewater certifications:

State or Territory Issuing the Certification	Certification Type (Drinking Water Treatment, Drinking Water Distribution, Wastewater Treatment, etc.)	Certification Level (Class/Subclass)	Certification Number	Certification Expiration Date

Continued from #5) Identify additional systems in which you serve as a certified operator:

System &/or Facility Name	County	PWSID # or KPDES #	Phone #

Continued from #7) Provide additional history of applicable employment:

C.	System &/or Facility Name: _____	Your Position Title: _____	
	Address: _____	Dates in the Position: Start _____ End _____	
	Contact Person: _____	Check box if still in the Position <input type="checkbox"/>	
	Phone: _____ Email: _____		
Detailed description of past experience and current duties:			
D.	System &/or Facility Name: _____	Your Position Title: _____	
	Address: _____	Dates in the Position: Start _____ End _____	
	Contact Person: _____	Check box if still in the Position <input type="checkbox"/>	
	Phone: _____ Email: _____		
Detailed description of past experience and current duties:			
Applicant's Signature: _____			Date: _____
Supervisor's Signature: _____		Title: _____	Date: _____